

TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Ste. 3-600 ★ Austin, Texas 78701
512-305-8021 ★ 512-305-8082 (fax) ★ www.tsbp.state.tx.us

INSTRUCTIONS FOR FILING CLASS A PHARMACY APPLICATION

IMPORTANT: Read and follow these instructions completely. Failure to submit the necessary items will delay the processing of your application. You will be notified of any deficiencies in your application within 2 to 4 weeks of receipt.

Allow a *minimum of 90 days* from the time your application packet is complete, to process your application. Any forms that have been previously submitted with another application will not be pulled from the file. You must complete and submit all of the requested information. If the application process is not completed within one year from the application receipt date, the application will be withdrawn. **NOTE: if a change in officer, owner, or location occurs while the completed application is under review by TSBP, the application will be cancelled and a new application packet, including application fee, must be submitted.**

CHECKLIST FOR FILING A PHARMACY LICENSE APPLICATION

ALL APPLICANTS

- ☐ 1. Application Form (*LIC-001 form attached below*)
- ☐ 2. Ownership Form
 - Partnership or individual (*form # [LIC-006](#)*), **OR**
 - Corporation or Limited Liability Company (*form # [LIC-007](#)*), **OR**
 - Government owned (*form # [LIC-008](#)*)
- ☐ 3. Lease Agreement/Property Ownership

Copy of lease agreement between the owner of the pharmacy and the owner of the building in which the pharmacy is located.

In cases where the real property is *owned by the pharmacy license holder*, a notarized statement to that effect signed by the owner, must be submitted (*form # [LIC-004](#)*). (*Form LIC-004 is NOT considered a lease agreement*)
- ☐ 4. New Pharmacy Checklist, (*form # [LIC-018](#)*). The form lists the minimum infrastructure requirements needed to apply for a new pharmacy license and must be submitted with a New Pharmacy Application.

Additional Requirements for prospective owner who does not own a pharmacy in Texas at the time of application

- ☐ Copy of birth certificate or passport if the individual owner, managing officer(s) or partners are not Texas licensed pharmacist.
- ☐ Copy of current driver's license or state issued photo identification card if the individual owner, managing officer(s), or partners are not Texas licensed pharmacists.
- ☐ Approved credit application or other proof of credit worthiness from a primary wholesaler (i.e., contingent approval letter).
- ☐ If a closely-held corporation, a list of all owners.
- ☐ If a publicly-held corporation, a copy of the corporation's 10K Filing with the Security and Exchange Commission.

Prior to the issuance of a license for a pharmacy located in Texas, the board shall conduct an on-site inspection of the pharmacy in the presence of the pharmacist-in-charge and owner or representative of the owner, to ensure that the pharmacist-in-charge and owner can meet the requirements of the Texas Pharmacy Act and Board Rules.

- ☐ 1. Indicate the pharmacy is ready for an on-site inspection by **COMPLETING AND RETURNING** the Pre-Inspection Checklist (*form # [LIC-000A](#)*).

Note: The on-site pre-inspection may not be required if the prospective owner has an ownership interest in any other pharmacy in Texas at the time of application. This exemption applies only to the pre-inspection requirement.



TEXAS PHARMACY LICENSE APPLICATION (Class A, B, C, D)

[illegible]

CLASS B, CLASS C, OR CLASS D PHARMACY LICENSE

14 Complete the following, if applicable.

Nuclear (Class B) Pharmacy

- (a) Texas Department of Health Radiation Control No. _____
- (b) Attach: (1) Detailed copy of the floor plan for the Class B Pharmacy; and
(2) Qualifications of the authorized nuclear pharmacist who is the pharmacist-in-charge.

Institutional (Class C) Pharmacy

- (a) Enter the Applicable Texas License Number in the space provided:
 DSHS Hospital License No# _____ DSHS Ambulatory Surgical Center License No# _____
 DSHS Inpatient Hospice License No# _____
- (b) Is the facility an inpatient hospital maintained/operated by the State of Texas? _____
- (c) Is the pharmacy owned/operated by a hospital management or hospital pharmacy management firm? _____
 If YES, provide the name of the firm here: _____ and attach a copy of the service agreement.

Clinic (Class D) Pharmacy

- (a) Name and Texas License of the staff physician: _____
- (b) Attach a copy of the Pharmacy's Policy and Procedure Manual, which must include the clinic drug formulary. (Note: If you are applying for permission to maintain an expanded formulary or to use an alternative visitation schedule, see Board Rule 291.93.)

15 ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

1.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of <u>any</u> professional disciplinary action or are any such actions pending against you by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions.	<input type="checkbox"/> YES* <input type="checkbox"/> NO
<p>*If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation. Response must include the name of the person who was the subject of the disciplinary action.</p>		
2.	For any criminal offense, including those pending appeal, has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership):	
	A. been arrested?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
	B. been charged with a crime but not arrested?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
	C. pled nolo contendere?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
	D. pled guilty?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
	E. received deferred adjudication for a misdemeanor?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
	F. received deferred adjudication for a felony?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
	G. been convicted of a misdemeanor?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
	H. been convicted of a felony?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
<p>In answering Questions #2A-H, include all offenses even those for which you were subject to deferred adjudication. (Examples: assault, theft, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.) Response must include the name of the person who was the subject of the disciplinary action.</p>		
3.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been subject to a court ordered probation or confinement as related to any offense?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
4.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) served time in prison for any offense?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
5.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for this offense? (Examples: possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.)	<input type="checkbox"/> YES* <input type="checkbox"/> NO
<p>*If you answered "yes" to Questions #3-5, include the name and location of the court, the offense charged, a brief explanation of the offense, the date of action, and, if applicable, the date that probation or confinement ended. Response must include the name of the person who was the subject of the disciplinary action.</p>		
6.	Is the pharmacy's owner or any other officer or partner a registered sex offender in Texas or in any other State?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
If you answered "yes", include the name of the person who is registered.		
7.	Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8.	Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply):	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> 1 Spanish <input type="checkbox"/> 3 Telecommunication Device for the Deaf (TDD) <input type="checkbox"/> 5 AT&T Translating Service	
	<input type="checkbox"/> 2 Vietnamese <input type="checkbox"/> 4 American Sign Language <input type="checkbox"/> 6 Other _____	
9.	Does this pharmacy participate in the Texas Medicaid program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	Does this pharmacy dispense a prescription drug or device under a prescription drug order in response to a request received by the way of the internet to dispense the drug or device?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12.	If the response to the previous question was "yes", does your pharmacy deliver the drug or device to a patient in this state by US mail, common carrier, or delivery services?	<input type="checkbox"/> YES <input type="checkbox"/> NO

16 ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

_____	_____	Subscribed and sworn to before me this _____ day
Signature of Owner / Managing Officer	Date	of _____, 20_____
_____	_____	_____
Owner / Managing Officer's Name (Type or Print)		Notary Public